

Exhibit 19



April 01, 2008 -
April 30, 2008

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Account Number
000000091182055

ROSS UNIVERSITY SCHOOL OF MEDICINE

Commercial Checking

(continued)

Deposits and Credits

Ledger Date	Description	Amount
04/30	BOOK TRANSFER CREDIT B/O: ROYAL BANK OF CANADA-PAYMENT CTORONTO ON M5J1J-1 ORG:/000024075529 EAST BENGAL EXCHANGE INC OGB: RBC CASHCOMM TORONTO ONT CASH COMMAND TORONTO REF: SHAMSUL ALAM (STUDENT ID-00189379) 75 NORTH WOODROW BLVD. SCARBOROUGH, ON-M1K 1W5, CANADA/CHGS/USD0/ TRN: 4999800121FS YOUR REF: SWF OF 08/04/30	\$13,200.00
04/30	DEPOSIT 1863	\$19,847.50
04/30	ORIG CO NAME:BANKCARD ORIG ID:1210001927 DESC DATE:080429 CO ENTRY DESCR:MERCH SETLSEC:CCD TRACE#:021000023228650 EED:080430 IND ID:192770049703886 IND NAME:ROSS UNIV SCH OF MEDIC TRN: 1203228650TC	\$4,400.00
04/30	ORIG CO NAME:AMERICAN EXPRESS ORIG ID:1134992250 DESC DATE:080430 CO ENTRY DESCR:SETTLEMENTSEC:CCD TRACE#:021000023228648 EED:080430 IND ID:2291195899 IND NAME:SCHOOL OF ME2291195899 PAYMENT DATE 08121 TRN: 1203228648TC	\$500.00
Total		\$496,453,453.93

Withdrawals and Debits

Ledger Date	Description	Amount
04/01	BOOK TRANSFER DEBIT A/C: CARITAS HEALTH CARE INC BROOKLYN NY 11237-4006 TRN: 0239200092JO YOUR REF: NONREF	\$1,000,000.00
04/01	BOOK TRANSFER DEBIT A/C: BANK OF NOVA SCOTIA ROSEAU ROSEAU DOMINICA REF: BUDGET TRANSFER TRN: 0239400092JO YOUR REF: NONREF	\$54,000.00

ROSS0557





Wire & Cable Transfer Application

DATE 04/01/2008	<input checked="" type="checkbox"/> WIRE	<input checked="" type="checkbox"/> CABLE	ACCOUNT TITLE/CUSTOMER'S NAME (LAST, FIRST, MIDDLE INITIAL) ROSS UNIVERSITY SCHOOL OF MEDICINE	
FOR BACK OFFICE USE				
1178				
IF TRANSFERRING FOREIGN CURRENCY:				
CONTRACT NO.	VALUE DATE	CONVERSION RATE	CONVERTED BY (INITIALS)	
TRANSFER AMOUNT:				
FOREIGN CURRENCY (AMOUNT AND TYPE)		TRADER'S NAME	U.S. DOLLAR AMOUNT \$1,000,000.00	
DEBIT ACCOUNT NUMBER 0 0 9 1 1 8 2 0 5 5		INTERMEDIARY CORRESPONDENT BANK (if necessary) ABA ROUTING NUMBER / SWIFT CODE		
NAME / ACCOUNT TITLE ROSS UNIVERSITY SCHOOL OF MEDICINE		BANK NAME		
ADDRESS 499 THORNALL STREET, 10TH FLOOR		ADDRESS		
CITY, STATE, ZIP CODE, COUNTRY EDISON, NJ 08837-2235		CITY, STATE, ZIP CODE, COUNTRY		
TO: PAYEE/BENEFICIARY BANK		FOR: PAYEE/BENEFICIARY ACCOUNT OF		
BANK CODE 021000021		ACCOUNT NUMBER 134-768426		
BANK NAME JP MORGAN CHASE		NAME / ACCOUNT TITLE CARITAS HEALTH CARE, INC.		
ADDRESS		ADDRESS		
CITY, STATE, ZIP CODE, COUNTRY		CITY, STATE, ZIP CODE, COUNTRY		
ORIGINATOR REFERENCE:		BENEFICIARY REFERENCE:		
SPECIAL INSTRUCTIONS/PAY DETAIL: (Optional)				
The execution by The Chase Manhattan Bank of the requested transfer is subject to the terms and conditions contained in the Fund Transfer Agreement signed by the parties.				
CUSTOMER'S TELEPHONE NUMBER (732) 978-5300		DATE OF APPLICATION 04/01/2008		
CUSTOMER'S NAME (PRINTED) JOHN ST. JAMES EXT. 2661		CUSTOMER'S NAME (PRINTED) WILFREDO RAYMUNDO EXT. 2655		
CUSTOMER'S SIGNATURE <i>[Signature]</i>		CUSTOMER'S SIGNATURE (If Necessary) <i>[Signature]</i>		